APPLICATION FOR FISCAL YEAR '03 FUNDING FOR PRIMARY CARE FACILITIES

Send one copy of your proposal to:

Denali Commission
Attn: Rural Primary Care Facilities RFP Committee
510 "L" Street
Suite 410 (Peterson Tower)
Anchorage, Alaska 99501

Additional information can be obtained at:

Joel Neimeyer (JNeimeyer@denali.gov)
(907) 271-1414
Fax (907) 271-1415
Toll free 1-888-480-4321
www.denali.gov

Note: Most applications for Design and Construction funding must have an approved clinic Business Plan and Site Plan Checklist in order to be eligible for consideration.

If you have any question on this point after reviewing this application consult with the Commission before proceeding.

When this application is completed in Word Format, the boxes for responses will expand to fit the space required. While electronically prepared or typed applications are preferred, handwritten applications will be accepted.

When you have finished the document, go to the Table of Contents and press the "F9" key to update the entire table.

Denali Commission Primary Care Facility Projects – FY '03

Table of Contents

I. INSTRUCTIONS - OVERVIEW

This FY03 Request for Proposals (RFP) is for:

- **"Large" Clinics**
  Projects that in general serve communities with more than 750 year-round residents, or serve a minimum of 2 communities (i.e. sub-regional clinics)
- **"Small" Clinics**
  Projects that in general serve a single community with less than 750 year-round residents
- **Repair/Renovation of Existing Clinics**
  "Small" and "Large" clinics

There are six parts to this RFP:

I. **Instructions / Overview**
II. **Application Summary –** *To be completed by ALL applicants*
III. **Community and Applicant Information –** *To be completed by ALL applicants*
IV. **Design Application –** *To be completed by Design & Construction applicants*
V. **Construction Application –** *To be completed by Construction applicants*
VI. **Repair and Renovation Application –** *To be completed by R&R applicants*

A **Business Plan** and **Site Plan Checklist** are required for all projects except Repair and Renovation with a total project cost under $100,000. These documents will be available for use by mid-October 2002 (check www.denali.gov / health facilities).

To date the Commission has funded health care facility Design and Construction projects as follows:

- FY99 - $ 275,000
- FY00 - $ 1,000,000
- FY01 - $20,000,000
- FY02 - $28,350,000
- FY03 - $30,000,000 to $35,000,000 (projected)

It is expected that the earliest FY03 funds will be made available is mid-January 2003 after the seven Commissioners meet to allocate infrastructure funding. Based upon past funding requests for primary care facility improvements, the Commission will set aside a minimum of $15 Million for construction: $8 million for "Large" clinics, $6 Million for "Small" clinics, and $1 Million for "Repair and Renovation" projects; and will set aside $2 million for Conceptual Planning / Design.

The Denali Commission reserves the right to use the prioritized project list that results from this RFP process to fund clinic projects with FY03 and future year funding. The Commission also reserves the right to fund projects in stages over multiple fiscal years. The Commission will consider construction schedules and cash requirements for these situations.

The Commission has elected to focus health care facility funding, in the near term, for rural primary care facilities. A portion of the FY03 health facility funding noted above may be provided to other than primary care facilities (e.g. hospitals, stand-alone mental health and substance abuse facilities, elder care and child care facilities). A separate RFP process will be used if the Commissioners elect to allocate funding to these types of health facility improvements.

To ensure that the highest possible proportion of funds entrusted to the Denali Commission is applied to Alaskan projects, P. L. 105-77 (including the Denali Commission Act of 1998) strictly limits the amount of money available for Commission administration to no more than 5% of its budget. Thus, the Commission typically seeks experienced partners to carry out its work. One chief evaluation criteria of this RFP is the administrative capability of the applicant to carry out the project through in-house staff, and/or third-party agents, and/or contractors.

For the **"Repair/Renovation"** and **"Small"** clinic programs, the Commission selected a partner with historical experience in rural health-care delivery, the Alaska Native Tribal Health Consortium. In its role as the Commission's agent, ANTHC will act as program leader, serving all Alaskan communities on an equal basis regardless of whether a community's residents are Native or non-Native. ANTHC will be working with all communities identified for "Repair and Renovation" or "Small" Clinic funding by the Denali Commission under this Request for Proposals and will endeavor to ensure that each community is able to participate, according to capability, in achieving quality facility construction.

When the Repair/Renovation and Small clinic applications have been reviewed, scored, and approved for funding, ANTHC will establish a relationship with the community, assisting as necessary to ensure quality construction design, planning, scheduling, and financial control. Construction projects will be accomplished by whatever method is most appropriate for each community, based on its input. ANTHC will try to accommodate communities' priorities when feasible. The available construction management options are:

- Organization/Community-managed force account
- Organization/Community-managed competitive contract with strong local hire component
- Regional Health Corporation – managed force account
- Regional Health Corporation – managed contracts with strong local hire requirement
- ANTHC-managed competitive contract with strong local hire requirement
- ANTHC Department of Environmental Health and Engineering - managed force account
- Combination of 2 of the above

For **"Large"** clinic projects, successful applicants will work directly with Denali Commission staff unless otherwise requested by the applicant to work with ANTHC (and with ANTHC's concurrence).

The Commission has developed partnerships with the Alaska Primary Care Association, State of Alaska – Division of Public Health, and the Alaska Center for Rural Health to serve as technical advisors to Commission staff and to individual grant recipients for **Conceptual Planning** projects. Input from the Alaska Native Tribal Health Consortium (ANTHC) will be sought for Conceptual Planning issues related to the actual facilities development. This group serves as the Technical Assistance Subcommittee to the Commission's Health Steering Committee.

1. ELIGIBILITY REQUIREMENTS

All applicants must be a 501(c)(3) organization or a public agency/unit of government.

Applications for hospitals or facilities on a hospital campus and stand-alone mental health and/or substance abuse treatment facilities will not be accepted under this primary care clinic RFP process.

Applications received that do not provide an "open door" policy/certification will not be considered. An "open door" policy means that all residents of the community or service area served by the clinic shall be able to access services at the clinic if they can pay for the services requested.

Applications will be accepted for primary care facilities (the facility may have a multi-use function). Applicants are encouraged to address mental health and substance abuse treatment and dental services appropriate for the service area within the primary care clinic facility.

For purposes of this application, **essential primary care services** include the following: Basic EMS; preventive health screenings; other preventive health services; basic primary care; limited lab, pharmacy and radiology; patient case management; outreach, transportation and interpretation; community health; advanced EMS; on-site administration and support; as well as dental, mental health and substance abuse programs. Applicants must demonstrate that they can support the proposed services in their Business Plan. (The Business Plan will be available on the Denali Commission web site – www.denali.gov).

Multi-use services include all services not identified as "essential primary care services" stated above. "On-site administration and support" for programs other than essential primary care may be considered multi-use and may require additional applicant cost share.

2. TYPES OF FUNDING AND FUNDING INTENT

Conceptual Planning

The Conceptual Planning process is designed to ensure a successful Design and Construction project and the long-term successful operation of the facility and the services offered in the facility.

Conceptual planning projects are intended to address early project development issues and questions. Some examples may include:

- Preparing a Business Plan that addresses the services appropriate for the community/communities and ensures a sustainable clinic
- Community dialogue resulting in agreement on types and location of health care services.
- Investigating alternative sites (utility delivery questions, site control/ownership, etc.)
- Confirming compatible and appropriate multi-use programs that may be housed with the clinic facility or in a campus setting
- Estimating project cost and cost share match

Conceptual Planning Deliverables: The following facility and service delivery planning elements should be addressed during the Conceptual Planning process:

1. All local governing organizations and other significant healthcare providers in the service area will meet and discuss the needs of the community and explore options to meet those needs. Interested local and regional parties must reach a consensus on which organization will submit a health care facility proposal to the Commission. If more than one health care facility can be supported in the service area, it is expected that the parties will consult and discuss health service delivery options to minimize overlap of services.
2. For new clinic construction or major expansion of an existing clinic, the applicant must identify the health care services currently provided and the new (additional) services the organization can realistically provide in the improved facility. The applicant will consider how health care services will change, how service delivery and facility budgets will change, how personnel staffing will change, and how this project will address current community health deficiencies.
    a. "Small" clinics: Projects within the Denali Commission square footage guidelines for "Small" clinics may document community support by a Council resolution. If the proposed construction/improvements exceed square footage guidelines, the applicant must address the type and frequency of services to be provided and the need for additional space to the satisfaction of the Commission.
    b. "Large" clinics: The Commission has not adopted square footage guidelines for "Large" clinics, therefore the applicant must address proposed services and space requirements. In addition, for "330" Community Health Centers and/or sub-regional health facilities, the applicant must address the health care services to be provided to the service area and the specific communities in question. The goal of the Commission is to improve health care access without unnecessarily duplicating health care services.
3. Decision to include/exclude compatible and appropriate services other than essential primary care in the facility/construction improvements. The Commission supports the development of multi-use facilities and compatible co-located facilities in a campus setting.

4. The proposed facility site will be analyzed for suitability (utility connections / on-site sanitation review, patient access, room for growth, zoning and site separation distances and reasonable development costs, etc.). Grant recipients are encouraged to consider alternative clinic sites during the Conceptual Planning process. At the end of the process the choices should be narrowed to one preferred site.
5. Site control or the process and timing for achieving site control will be identified (e.g. land conveyance, formal lease documents to be signed). The following website provides some background information about site control issues: http://www.dced.state.ak.us/cbd/AK_Planning/Site/Site.htm
6. A Business Plan will be drafted using the Denali Commission Business Plan template, and approved by the Commission or the Commission's Technical Assistance Subcommittee. (The Business Plan will be available on the Denali Commission web site – www.denali.gov)

   Elements of the Business Plan include:

   a. Resources (financial, personnel, etc.) the applicant has/will have to meet health care needs have been identified.
   b. All revenue and expenses associated with the clinic (both services and facility) will be estimated.
   c. The total square footage needed in the new facility will be determined, including a breakdown between "essential primary care services" and multi-use space.
   d. A conceptual floor plan shows the full program of services to be offered within the facility and a conceptual site plan of the facility will be prepared.
   e. A budget for the new facility and the health care services will be prepared.
   f. Estimated project cost will be calculated. Note - there are two levels of cost estimates:
      - Preliminary project cost estimates provide the applicant and funding agencies with a reasonable figure to use in the Business Plan and to determine approximate cost share requirements and potential debt service (construction loan) needs.
      - The Denali Commission requires final project cost estimates at the completion of 100% Design Documents before the applicant can move into Construction funding.
   g. Sources of cost share funds will be identified and requests for outside funding have been/are ready to submit.

Role of the Technical Assistance Subcommittee: The Technical Assistance Subcommittee will assign an advisor to each recipient of a Conceptual Planning project. The advisor will work with the grant recipient to develop a Conceptual Plan that is ready to move to the next project stage: Design. The Technical Assistance Subcommittee will meet periodically to review the status and progress of individual grant recipients.

Role of Regional Non-Profit Organizations: If a proposed clinic includes health care services provided by a regional health organization (and/or social services provided by a regional organization), the organization must be an involved stakeholder in developing the Conceptual Plan. The regional organization(s) may coordinate the development of Conceptual Plans. Documentation of support from the organization(s) is required for plan approval. The Commission will accept proposals for coordination of Conceptual Planning from regional non-profit organizations with documentation of support from local communities.

Timelines: A typical Conceptual Plan should take less than one year to complete, although some may take as long as 24 months. The Commission requires an approved scope of work for completing the

Conceptual Plan within 12 months of notification of funding approval, or Commission funding may be rescinded.

Use of Conceptual Planning Funds: Distribution of Conceptual Planning funds and identification and selection of project management will be jointly determined by the applicant, the technical advisor, the Technical Assistance Subcommittee, and the regional non-profits, if applicable.

Conceptual Planning funds may be used to hire a contractor to undertake the formal needs assessment, or the assessment may be completed using in-house staff. If the assessment is completed with in-house staff, funds can be used to cover costs for direct project expenses (e.g. travel, soil testing, site surveying), but not salaries of in-house personnel. An architectural and engineering firm may be hired to determine square footage requirements and develop a conceptual floor plan based upon the services to be provided.

Please note that competition is required for such contracts. Organizations that secure professional services without competition before Commission funding is awarded will likely be required to re-compete the contract.

Conceptual Planning Applications

- Applications for FY03 Conceptual Planning funding will not be accepted until a backlog of over 40 approved FY02 Conceptual Planning projects move forward. Check the Commission's website for FY03 Conceptual Planning application dates.
- The Commission may limit funding for "Small" clinic Conceptual Planning projects to higher priority communities, as identified in the October 2000 Final Report – Alaska Rural Primary Care Facility Needs Assessment.
- However, organizations may elect to proceed on their own with Conceptual Planning using the Business Plan template and Site Plan Checklist. The Commission will not reimburse this work, but assures such applicants that their Conceptual Planning documents will receive timely review by the Technical Assistance Subcommittee. This will allow applicants that for FY03 Design and/or Construction funding to proceed with the application process.
- The template clinic Business Plan and Site Plan Checklist will be available for use by mid-October 2002 (check www.denali.gov / health facilities).
- A community or organization must demonstrate a certain level of community consensus and administrative capability before the Commission will fund a Conceptual Planning project.

Design

The expected outcome of the Design process is construction readiness.

The Commission has funded the development of prototype clinic designs for the "Small" clinic program. These designs are free of charge to communities and health organizations and can be used to foster community dialogue on the facility options available. For those communities that agree to use the prototype designs, the time and cost of the Design phase may be reduced. Communities are not required to use the prototypes. Contact Mr. John Warren or Mr. Roger Marcil at ANTHC, 907-729-3600 to obtain the prototype clinic designs. A cost share match for design work will be required for communities not using the prototype designs based upon their economic status.

An applicant seeking Design or Construction funding must have an approved clinic Business Plan and Site Plan Checklist. The Technical Assistance Subcommittee will review and approve these documents.

Design Phase Deliverables: The following project design elements should be addressed during this project phase:

1. 100% complete plans and specifications including
    a. Stamped by the appropriate discipline
    b. Fully site adapted (utilities, foundation, road and parking lot issues are addressed)
    c. Final project cost estimate by a professional cost estimating firm
2. Permits are secured
    a. Fire Marshall
    b. For on-site facilities – ADEC permit to construct (Class C or B well)
    c. Local/City/Borough planning and zoning issues addressed
    d. COE for gravel fill permits
    e. NEPA/NHPA review
3. Site Control is secured
    a. For leased lands includes the appropriate lot and block number to the proposed clinic site as shown in the plan set, and lease terms are provided
    b. If site control is not in place the process to obtain it is described in detail: lease terms or purchase terms, conveyance of 14c3 lands, conditions placed on use of the land identified
    c. 30-year lease minimum
    d. Lot size appropriate for building size and parking.
4. Construction Management issues have been addressed including selection of the construction method, who will take lead during this project phase, logistics and other construction matter.
5. Cost share funds have been identified and requests for outside funding have been submitted.

Design Applications

Applications for "Large" and "Small" clinic Design and Construction funding must have an approved clinic Business Plan and Site Plan Checklist.

- Organizations approved for FY02 "Small" clinic Conceptual Planning funding do not have to apply and compete for Design project funding. Applicants with approved Conceptual Planning products (Business Plan and Site Plan Checklist) will be funded for Design, as funding is available.
- Organizations approved for "Large" clinic Conceptual Planning funding must apply and compete for Design funding.

Construction

After completing all the project elements identified in the Conceptual Planning and Design phases, a project should be construction ready.

At this stage there should be only one question remaining: Is the local cost share match secured? If the answer is "no", the project is not construction ready.

The following website provides some background information about project management that may be of use to grant recipients: http://www.dced.state.ak.us/cbd/pub/capitalproject.pdf.

Construction funding can be used for equipment and furnishings in the primary care clinic.

As noted previously, applications for Construction funding must have an approved clinic Business Plan and Site Plan Checklist before the application will be reviewed and scored.

Construction Applications

- All applicants must apply and compete for Construction funding.

Repair and Renovation

The intent of the Repair and Renovation funding is to fund projects that are ready to move forward with anticipated Repairs and/or Renovations in the 2003 construction season. Projects may be for:

- Structural upgrades and improvements to an existing structure the applicant owns
- Non-expendable medical equipment and structural changes to support the equipment in an existing structure the applicant owns
- Non-expendable medical equipment and modest structural changes to support the equipment in an existing structure the applicant leases. (Project funding is not available for structural improvements to a leased facility.)

Additional requirements for improvements to Leased Facilities:

- The owner of the facility itself is eligible to apply if the owner is a non-profit 501(c)(3) organization or public agency. The health care services can be provided by contract to a private health care practitioner, by a non-profit health organization, or a combination of these approaches.
- The Commission requires a commitment that the Repaired or Renovated health care facilities will be used for a period of 30 years. Any applicant who leases clinic space should address this requirement.

Repair and Renovation Applications

- Applications will be accepted for existing "Small" or "Large" primary care facilities (the facility may have a multi-use function).
- Cost share is required for "Repair or Renovation" projects
- The maximum amount of funding for this grant is $150,000 of which $25,000 can be used for design costs. Projects are not limited in their total cost. However, the Commission will only contribute up to $150,000 to the project.
- The projects must be completed within 12 months of notification of Award by the Commission.
- Any "Repair or Renovation" project that is estimated to cost more than $100,000 must have an approved Business Plan before the application is accepted and scored.

A. RFP Considerations

1. Written Inquiries from Applicants

Potential applicants are encouraged to submit questions or objections to this RFP in writing to the Denali Commission. The address for inquiries is the same as that provided on the RFP cover sheet. A Frequently Asked Questions document will be generated from these inquiries and posted on the Denali Commission website at www.denali.gov.

2. RFP Clarification, Modification, and Rejection

The Denali Commission reserves the right to modify or otherwise alter any or all requirements in this proposal. In the event of modification, all applicants will be given an equal opportunity to modify their proposals in the specific areas affected. Modifications to the requirements will be posted on the Denali Commission website with the Frequently Asked Questions.

3. Addenda and Clarification to the RFP

In the event it becomes necessary to revise this RFP, wholly or in part, addenda will be sent to all entities that have specifically requested a RFP package. Interested parties may also go to the Denali Commission website at www.denali.gov to find modifications (either as addenda or as clarifications) to the RFP in the Frequently Asked Questions document.

4. Cover Letter

Applicants are encouraged to summarize their proposal in a cover letter or executive summary.

5. Independent Cost Estimates

The Commission prefers independent cost estimates by professional architects and engineers for projects less than $100,000 to verify that the proposed scope of work can be successfully completed with the funds requested. A final project cost estimate by a professional cost estimating firm is required for all Construction and Repair/Renovation funding requests with a total project cost greater than $100,000.

6. Pre-proposal Workshop(s)

Pre-proposal workshops may be held by the Denali Commission to allow interested applicants to ask questions in person. Notice of a pre-proposal workshop will be posted on the Denali Commission website "Health Facilities" tab as soon as it is scheduled (http://www.denali.gov).

7. Faxed Proposals Will Not Be Accepted

It is the responsibility of the applicant to ensure an original proposal is received by the Denali Commission.

8. Submission Deadline

Proposals will be received at the Denali Commission throughout the fiscal year. If FY03 funds are exhausted during the fiscal year, the Commission may elect to continue to accept and score applications for consideration for FY04 funds.

B. Selection Process and Funding of Proposals

Applicants will submit a written proposal to the Denali Commission. A Multi-discipline Review Panel (MRP) will review the proposal and make a funding recommendation after confirmation that the applicant has an approved clinic Business Plan and Site Plan Checklist (for Design and Construction funding requests). The MRP may also recommend conditional funding. In this case, the MRP will provide questions to the applicants. The applicant may address MRP concerns through a question and answer forum (either in person or by telephonic conference call). After these discussions, the applicant may be invited to submit a "best and final offer" to the Commission.

Contingent on availability of funds, one or more of the highest scoring proposals will be selected for funding. Funding of selected proposals will *always* be contingent on the availability of funds. The Denali Commission is not bound to select the lowest cost proposal(s). The Denali Commission reserves

the right to negotiate grant funding and performance levels and to assign any award contingencies deemed prudent.

It is possible that Design and Conceptual Planning projects will not score as high as Construction projects. The Commission reserves the right to fund a portion of or all Design projects and Conceptual Planning projects (in prioritized order) before funding all Construction projects. The purpose of this is to move as many projects to the construction ready stage as possible for future Commission funding cycles.

1. MRP Review Cycles

It is anticipated that a MRP panel will be convened on average every 60 days, however the Commission may adjust this schedule in light of barge schedules.

2. Preparation Costs

This RFP does not in any way commit the Denali Commission to reimburse applicants to this RFP for any costs related to proposal preparation or submission. All costs incurred by applicants in the course of proposal preparation shall be the sole responsibility of the applicant. Further, this RFP does not obligate the Denali Commission to accept or contract for any services, whether expressed or implied.

3. Reimbursement for Work Prior to Funding Award Execution

The Commission, in general, will not reimburse an applicant for work undertaken once successful applicants for funding are announced and before funding award documents are executed. On occasion, the Commission may approve written requests submitted before the work is undertaken for compelling reasons such as making barge delivery schedules. This means that the applicant will pay the upfront costs and not the Commission.

4. Additional Terms and Conditions

The Commission reserves the right to negotiate proposal changes with each successful applicant. If it chooses to do so, the Commission may rely on its professional judgment or that of the members of its selected Multi-discipline Review Panel (MRP) to present a counter proposal that, while consistent with the scope and conditions of the original RFP, would change the project originally proposed.

5. Appeals Process

Both successful and unsuccessful applicants may protest decisions of the Multi-discipline Review Panel (MRP) to the Steering Committee. The appeals process is outlined below:

1. The applicant must provide written notification of intent to appeal within two weeks of the date of the Denali Commission issuance of the funding award or rejection letter.
2. The envelope containing the notification of intent must be addressed to:

   Denali Commission
   Attn: Alaska Rural Primary Care Steering Committee
   510 "L" Street
   Suite 410 (Peterson Tower)
   Anchorage, Alaska 99501
3. The appeal itself must be received at the above address within 21 calendar days of applicant's receipt of notification of the decision that is being appealed.
4. The appeal document must include a detailed explanation of the reasons for the appeal.
5. The Steering Committee will review the appeal and adopt one of three alternatives:
   a) approve the appeal and so notify the applicant
   b) disapprove the appeal and provide their recommendation to the Federal Co-Chair for concurrence
   c) refer the appeal to the MRP for reconsideration. After reconsideration, the MRP may:
      i. change their original decision, that is, respond favorably to the appeal request

ii. reaffirm their original decision, that is, refuse to change their original decision, and provide their recommendation to the Federal Co-Chair for concurrence

iii. reply to the applicant with a counter proposal modifying the original proposal, and provide their recommendation to the Federal Co-Chair for concurrence

6. In all cases, applicants will be notified of final action within 45 calendar days of receipt of the appeal at the Denali Commission. When appeals are rejected, the applicant will receive a written explanation of the reasons for the action.
7. There will be no appeal from decisions of the Steering Committee and the MRP that have been concurred with by the Federal Co-Chair.

C. Summary of Denali Commission policy on private enterprise

Economic development is a part of the mission of the Denali Commission. Economic development is primarily a function of private enterprise, but a fundamental prerequisite for economic development is basic sustainable public infrastructure such as health-care facilities. Private enterprise plays a role in Alaska in providing part of that basic public infrastructure, and the Commission intends to be supportive of that role consistent with the objective of providing basic sustainable public infrastructure at an affordable price.

D. The Role of ANTHC as partner and agent for the Commission

Note: Reasonable combinations of the six options outlined below are acceptable.

1. Community-managed force account

- Project funds are transferred to the community for construction via ANTHC
- Community may hire a Construction Management (CM) firm to act as their agent for the project or manage the project directly
- All construction workers are employees of the community, or are under contract with the community
- Community assumes the risk to complete the construction within budget, unless ANTHC approves a change order (Denali Commission approval required if the scope & budget are exceeded)
- Community is responsible for project tracking and reporting to ANTHC
- Community assumes responsibility for warranty
- The ANTHC role includes: liaison with the community, oversight of the project, review of schedule and budget periodically, key phase on-site project reviews, technical consultation at the community's request, final inspection participation, and final report compilation.

2. Community-managed competitive contract with strong local hire component

- Project funds are transferred to the community for construction via ANTHC and the community is responsible for partial payments to the contractor
- Community develops contract documents with the approval of ANTHC for competitive bid statewide, requiring maximum local hire
- All construction workers are employees of the contractor or subcontractor
- Contractor assumes the risk to complete the construction within budget, unless the community, in consultation with ANTHC, approves a change order (Denali Commission approval required if the scope & budget are exceeded)
- Community is responsible for project tracking and reporting to ANTHC
- Contractor assumes responsibility for warranty
- Community responsible for daily or periodic inspection either directly or through a contract
- The ANTHC role includes: liaison with the community, oversight of the project, review and approval of contract documents, review of schedule periodically, key phase on-site project reviews, technical consultation at the community's request, final inspection participation, and final report compilation.

3. Regional Health Corporation (RHC) – managed force account

- Project funds are transferred to the RHC for construction via ANTHC
- RHC may hire a CM firm to act as their agent for the project or manage the project directly
- RHC is responsible for project tracking and reporting to ANTHC
- All construction workers are employees of the RHC, or are under contract with the RHC
- RHC assumes the risk to complete the construction within budget, (change order approval is required by the Denali Commission if the project scope or budget are exceeded)
- RHC assumes responsibility for warranty
- The ANTHC role includes: liaison with the RHC, oversight of the project, review of schedule and budget periodically, key phase on-site project reviews, technical consultation at the request of the RHC, final inspection participation, and final report compilation.

4. Regional Health Corporation (RHC) – managed contracts with strong local hire requirement

- Project funds are transferred to the RHC for construction via ANTHC and the RHC is responsible for partial payments to the contractor
- RHC develops contract documents with the approval of ANTHC for competitive bid statewide, requiring maximum local hire
- RHC is responsible for project tracking and reporting to ANTHC
- All construction workers are employees of the contractor or subcontractor
- Contractor assumes the risk to complete the construction within budget, unless the RHC approves a change order (Denali Commission approval is required if the project scope or budget are exceeded)
- Contractor assumes responsibility for warranty
- RHC responsible for daily or periodic inspection either directly or through a contract
- The ANTHC role includes: liaison with the RHC, oversight of the project, review and approval of contract documents, review of schedule periodically, key phase on-site project reviews, technical consultation at the request of the RHC, final inspection participation, and final report compilation.

5. ANTHC – managed competitive contract with strong local hire requirement

- All approved project funds are transferred to ANTHC for construction
- ANTHC develops contract documents for competitive bid statewide, requiring maximum local hire
- All construction workers are employees of the contractor or subcontractor
- Contractor assumes the risk to complete the construction within budget, unless ANTHC approves a change order (Denali Commission approval required if the scope & budget are exceeded)
- Contractor assumes responsibility for warranty
- ANTHC is responsible for daily or periodic inspection either directly or through a contract
- The ANTHC role includes: contract administration (including contractor partial payments), quality assurance, review of construction schedule, community liaison, conducting the final and warranty inspection, and final report compilation.

6. ANTHC Department of Environmental Health and Engineering – managed force account

- All funds are transferred to ANTHC for construction
- ANTHC provides all construction management directly
- Skilled trades workers (Superintendents, plumbers, electricians, carpenters, etc.), employed by ANTHC, direct the construction work
- ANTHC provides funds to a special bank account in the community's name and managed by a CPA firm. These funds are used for local labor costs, plus some materials, freight, and misc. expenses

- ANTHC assumes the risk to complete the construction within budget (Denali Commission approval required if the scope & budget are exceeded)
- ANTHC assumes responsibility for warranty
- The ANTHC role includes: construction management (including budget and schedule), community liaison, quality assurance, all logistics for the project (equipment, materials, and personnel), conducting the final and warranty inspection, and final report compilation.

E. Policy on Denali Commission Funding for Primary Care Facilities

The Commission has concerns about funding thresholds for Small and Large Clinic projects. We will be referring these concerns to the Health Care Steering Committee to develop policies.

Criteria for allocating funding to Small Clinics for square footage above and beyond the established minimum space guidelines will be developed. Sustainability requirements will be a major consideration. Any criteria developed will be posted on the Denali Commission website.

The Health Care Steering Committee will also be asked to consider the maximum space to be funded for Large Clinics.

3. PROPOSAL SCORING SYSTEM

		Maximum points
A.	**Community Planning**	**0**
	(Mandatory for all except Repair & Renovation projects under $100,000)	
	• Identification of health care services to be provided and space requirements	
	• Local involvement demonstrated	
B.	**Governance**	**0**
	• Resolutions and/or Letters of Support from all stakeholders	
C.	**Cost Share Score**	**10**
D.	**Facility Improvement Score**	**15**
	This score is derived from applicants' responses to the questions in the RFP.	
E.	**Multi-use Facility Score**	**5**
	• No significant multi-use aspect to the project — 0 points	
	• Clinic facility is located in a central campus (lower cost of utility service, improve access to services) — 2 points	
	• 25 to 50 percent of the structure is occupied by another program or service — 3 points	
	• Over 50 percent of the structure is occupied by another program or service — 5 points	
F.	**Readiness Score (Project Management)**	**26**
	• Environmental, historical/archaeological review, and Coastal Zone Management requirements and other construction preliminaries — 3 points	
	• Stamped site plans and architectural drawings (e.g., design analysis, which includes design criteria, codes complied with, space/program analysis) — 5 points	
	• Documentation of construction permits obtained (e.g., fire marshal) — 4 points	
	• Project Management / Construction Plan that includes: — 5 points	
	o For community-managed force account construction, include Project Manager's & Superintendents resume	
	o If option is to contract out, provide contract documentation (including specifications and drawings) and name of Contract Manager	
	o Budget for construction	
	o Schedule of construction	
	• Cost commitments: matching funds for new facility in bank — 5 points	
	• Selection of construction management approach with ANTHC Small clinics and repair/renovation projects — 0 points	
	• Independent cost estimate — 4 points	
G.	**Health Needs Indicators Score**	**44**
	• Health Status Score — 17 points	
	• Isolation Score — 8 points	
	• Dependency Ratio Score — 8 points	
	• Economic Status Score — 8 points	
	• Trauma Registry Score — 3 points	
	This Score is derived from Health information developed for the October 2000 Alaska Rural Primary Care Facility Needs Assessment Final Report, Volume I. In addition, information provided by the applicant under Part III-Community and Applicant Information will be used to develop this Score for each applicant.	
	TOTAL POINTS =	**100**

II. RURAL PRIMARY CARE FACILITY PROJECT - APPLICATION SUMMARY

Name of Applicant: _____ Date Submitted: _____

Is the Applicant an IRS 501(c)(3) not-for-profit? ___ Yes ___ No
Is the Applicant a public agency or unit of government? ___ Yes ___ No
If NO to both of these questions, contact Joel Neimeyer or Al Ewing at the Denali Commission at 907-271-1414 to determine if your organization is eligible to apply for funding.

Applicant Information	
Legal Name of Applicant:	
Mailing Address:	
Employer Identification #(EIN)	
Contact Person: Name: Title: Phone # and Fax #: E-mail address:	(A person who filled out the application or who can answer questions about it)
Summary of Project	
Title of Proposal:	
Brief 2-3 sentence description of project:	
Type of funding requested:	_____ Conceptual Planning _____ Design _____ Construction _____ Repair and Renovation
Proposed Time Line	_____ Project Start Date _____ Construction Complete Date

Cost Summary		
	Existing Clinic	**Total New/Expanded Clinic**
Clinic Square Footage		
Non-Clinic Square Footage (include description of multi-use space)		
Total Bldg Square Footage		
Estimated Cost of Project:	$	
Applicant Cost Share:	$	
Amount Requested from Denali Commission:	$	

Authorized Representative of the Applicant	
Representative Name: Title: Phone # and Fax #: E-mail address:	(A person who can conduct business on behalf of the applicant)
Representative Signature:	
Date Signed:	

FOR DENALI COMMISSION USE ONLY:	
Date Application Received:	
Funding Approved?	____Yes ____No
Amount Approved:	$
Approval Date:	
DC Representative: Typed Name & Signature	

III. COMMUNITY AND APPLICANT INFORMATION *(TO BE COMPLETED BY ALL APPLICANTS)*

1. COMMUNITY PROFILE

A. Community Information

1. Identify the community(ies) to be served

2. Describe the geographic location of the community(ies):
Include a map of the community and surrounding region. Label as ATTACHMENT #III-1

3. Population as of the 1990 census _____

4. Population as of the 2000 census _____
(See www.dced.state.ak.us/cbd/commdb/CF_COMDB.htm for these numbers)

5. Estimated population in the current year _____

6. Does your community have a seasonal change in population? ___ Yes ___ No

Describe the seasonal change (e.g. tourism, fishing, etc).

How much does the population change?

B. Community Background and Planning

1. Community Healthcare Background

Describe your community's current health care delivery system. (between ½ - 2 pages)

2. Overview of Community Planning Process

a. Has your community been involved in a clinic planning process? ___ Yes ___ No

b. Does the process address health care and social service needs? ___ Yes ___ No

c. Who was involved in the planning process? List participants and affiliations.

d. Are there minutes or any documentation of the planning process? ___ Yes ___ No

If yes, Label as ATTACHMENT #III-2

If you have a community plan, provide a copy of the portion of the plan that discusses the **health care needs** of the community. Label as ATTACHMENT #III-3 (We do not need copies of the full plan).

If your community plan specifically addresses the **clinic facility (current and/or new)**, provide a copy of that portion of the plan. Label as ATTACHMENT #III-4

C. Problem Statement and Goals

Briefly state the identified healthcare access problem(s) to be addressed and the goals to be achieved. *(Why is there a need for a new clinic and what will you accomplish?)*

D. Community Governance Organizations

1. Identify all governance organizations in your geographic area:

Community/City Council:_____

Borough Assembly or Council: _____

Tribal Council: _____

Regional Health Corp: _____

Other: _____

2. Identify the organizations involved in planning or applying for this project and describe their role in the project or services:

E. Health Care Services for Community Members

1. Which of the following providers are accessible in your facility and in your community. Be sure to note how often they are available. How far must community members travel to access these services outside of your community?

	In your community				Outside your community		
Provider Type	**Full-Time at your facility**	**Itinerant** *Show frequency*	**Full-Time at another facility**		**Location**	**Travel Time/ Distance**	**via**
Community Health Aide / Practitioner							Road / Air / Water
Emergency Medical Technicians							Road / Air / Water
Nurse Practitioner or Physician Assistant							Road / Air / Water
Physician							Road / Air / Water
Dentist							Road / Air / Water
Mental Health Provider							Road / Air / Water
Rural Health Counselor							Road / Air / Water
Substance Abuse/ Alcohol Treatment Programs							Road / Air / Water
Social Worker							Road / Air / Water

Do any of these providers limit access to their services? (e.g. serve only IHS beneficiaries, those who are insured, or have the ability to pay; do not accept Medicaid; or are open part-time, etc.)

2. Identify all health care organizations/providers in your geographic area:

City or Borough: _____

Tribal: _____

Private: _____

Other: _____

2. COMMUNITY SUPPORT

A. Relationships with Existing Providers

If there are health care providers (Dentist, Doctor, Physician Assistant/Nurse Practitioner, etc) in the community who are not connected with the proposed project, explain how they will be affected by the new facility.

Are there any unresolved concerns regarding competition between your clinic and other providers in the community? - Please explain:

Provide copies of letters of support from local health-care providers. Label as ATTACHMENT #III-5

3. FACILITY ISSUES

A. Site Selection

Have you selected a preferred site for the new clinic? ___ Yes ___ No

If NO, skip ahead to the next question.

Why is the site you selected the best site? What factors were considered in site selection?

B. Facility Design

If your community has a population of 750 or less, do you intend to use the Denali Commission prototype design? ___N/A ___ Unknown ___ Yes ___ No

C. Multi-Use Projects

Is your organization planning a multi-use project, that is, a building that will house both clinic (medical, dental, mental health, itinerant quarters) and non-clinic programs (e.g., Tribal/City offices, Head Start, Washeteria)? ___ Yes ___ No

If NO, skip ahead to Section #5.

1. Program Compatibility

If YES, identify the other tenants and/or programs that will share your facility (and the organization they are affiliated with) and why you chose to combine the programs in one building:

Have any potential conflicts with any of the other programs or uses been resolved?

___ N/A ___ Yes ___ No

Please explain:

2. Cost Savings

Describe how joint occupancy will make operational sense (save money on utilities, administration, etc.).

4. GOVERNANCE AND AUTHORITY

A. Governance

1. Does a board or advisory council oversee the clinic: Name of Board/Council

Health Care Programs and Services? ___ Yes ___ No _____

Facility Operations & Maintenance? ___ Yes ___ No _____

If YES to either response, please identify members of the board or council:

Which Board?	Name	Title / Address
___ Programs ___Facility ___Both		
___ Programs ___Facility ___Both		
___ Programs ___Facility ___Both		
___ Programs ___Facility ___Both		
___ Programs ___Facility ___Both		
___ Programs ___Facility ___Both		
___ Programs ___Facility ___Both		
___ Programs ___Facility ___Both		
___ Programs ___Facility ___Both		

2. ***Are the health care services provided by an organization other than the Applicant? e.g. Regional Health Corp, contract with outside management company***___ Yes ___ No

If yes, identify the organization.

B. Applicant Resolution

The applicant organization must provide confirmation of their approval and support of the proposal and their acceptance of responsibility for the duties assigned to them in the proposal.

The signed forms also establish signatory authority for an appropriate official to conduct normal and usual business regarding the project.

The suggested format may be adapted to the particular circumstances of clinic owners and operators, provided the new formats correctly identify the responsible participants and document their commitment to the project.

Provide a resolution from the organization that is applying for the funding. A sample resolution is provided. Label as ATTACHMENT #III-6

C. Open Door Policy

The Denali Commission requires that all health care facilities that it funds be open to all who seek service and can pay for this service. We recognize that some organizations are not set up to handle third-party billing (i.e. Medicaid/Medicare, and other insurance forms). At a minimum,

however, we expect the clinic to provide health care services to anyone who can pay for those services. All applicants must have appropriate and necessary resolutions and support letters to acknowledge their responsibility for compliance with this policy. Your resolution (ATTACHMENT #6) noted above should include a statement of the Open Door Policy.

5. CHECKLIST OF APPLICATION MATERIALS

Please note that all documents submitted will be retained by the Denali Commission and will not be returned to the applicant.

_____ Completed application – Parts II and III

_____ ATTACHMENT #III-1 Map of community and surrounding region

_____ ATTACHMENT #III-2 Documentation of community planning

_____ ATTACHMENT #III-3 Community Planning documents regarding health care needs

_____ ATTACHMENT #III-4 Community Planning documents regarding health care facility

_____ ATTACHMENT #III-5 Letters of Support from local healthcare providers

_____ ATTACHMENT #III-6 Applicant Resolution

_____ Photos which will assist in understanding your situation (not required).
Limited to no more than 5 photos.

ATTACHMENT #III-6

Authority to Participate and Commitment to Operate
RESOLUTION NUMBER _____

A RESOLUTION of the **[1] _____authorizing participation in the Denali Commission Rural Primary Health Care Facilities RFP and committing to clinic operation.

WHEREAS, the Council/Board of Directors of **[1] _____ wishes to provide a Community Health Clinic for the community of _____ (hereinafter the "Council" and the "Community");

WHEREAS, the Council wishes to participate in the Denali Commission Rural Primary Health Care Facilities RFP; and

NOW, THEREFORE, BE IT RESOLVED THAT the Council endorses the Community's proposal to the Denali Commission's **Rural Primary Health Care Facilities RFP** and commits to sustaining the facility and the health care program to be offered within it.

BE IT FURTHER RESOLVED THAT the Council commits to fulfilling the responsibilities and duties assigned to the Council in the proposal.

BE IT FURTHER RESOLVED THAT the Council commits to an "open-door" policy that assures the clinic will provide service to all who seek and can pay for such services.

BE IT FURTHER RESOLVED THAT the **[2] _____ of the Council is hereby authorized to negotiate and execute any and all documents required for granting and managing funds on behalf of this organization.

The **[2] _____ is also authorized to execute subsequent amendments to said grant agreement to provide for adjustments to the project within the scope of services or tasks, based upon the needs of the project.

PASSED AND APPROVED BY THE _____

on _____, 2002.

IN WITNESS THERETO:

By: _____ Attest: _____

Signature and Title

[1] Insert name of organization that is submitting the application

[2] Insert title of person responsible for project oversight, usually the Council President or entity CEO

IV. DESIGN APPLICATION *(TO BE COMPLETED BY DESIGN AND CONSTRUCTION APPLICANTS)*

The purpose of Design funding is to assist the applicant in moving the proposed project closer to construction readiness by completing designs, obtaining necessary permits and environmental and archaeological clearances, and other pre-construction tasks.

Applications for "Large" and "Small" clinic Design and Construction funding must have an approved clinic Business Plan and Site Plan Checklist. If you have already received approval, attach your approval documents.

If you have not already submitted your Business Plan and Site Plan Checklist, you may submit them with your Design application. Your Design application will be held pending approval of the Business Plan and Site Plan Checklist by the Technical Assistance Subcommittee.

Label the Business Plan or approval document as ATTACHMENT #IV-1.
Label the Site Plan Checklist or approval document as ATTACHMENT #IV-2.

- Organizations approved for FY02 "Small" clinic Conceptual Planning funding do not have to apply and compete for Design project funding. Once they have approved Conceptual Planning products (Business Plan and Site Plan Checklist), they will be funded for Design, as long as funding is available.
- Organizations approved for "Large" clinic Conceptual Planning funding must apply and compete for Design funding.

1. FACILITY IMPROVEMENT

A. Facility Improvements

Indicate which type of facility improvement you are planning to undertake, by selecting the description below that BEST matches your situation.

Mark Your Choice Here	Type of Facility
☐	First clinic facility ever in community
☐	Replacement clinic
☐	Expansion of existing clinic
☐	Repair / Renovation of existing clinic
☐	Purchase of non-expendable (capital) medical equipment
☐	Multi-use facility (clinic plus a compatible use)

B. Status of Facility at Project Completion

At the completion of your proposed project will the clinic be a "state of the art" primary care facility? ___ Yes ___ No

Please explain your response.

C. Facility Alternatives

Discuss the various alternatives you have considered for clinic facilities (including multi-use facilities). If only one approach is feasible (there are no alternatives to the proposed building or improvements), please explain

D. Plans for Existing Clinic (If being replaced by new clinic)

Will your project replace the existing clinic with a new clinic? ___ Yes ___ No

If YES, what plans do you have for using the existing clinic, (i.e., will it be demolished or used for other purposes)?

2. SITE SELECTION AND CONTROL

A. Site Selection Process

Describe your planning process for site selection. Does your selected site provide some special advantage in terms of long-term cost savings (e.g., making use of waste heat)?

B. Utility Hook-ups / Access Roads

Is your clinic served with piped water and sewer? ___ Yes ___ No

If NO, is the clinic served with a flush-n-haul system? ___ Yes ___ No

If the clinic is not served with piped water and sewer or flush-n-haul, explain why:

If your designated site is *not* within 150 feet of all existing utility hookups and access roads, answer the following questions. If it is, go directly ahead to section C below.

1. Identify which utilities and/or road connections are 150 feet or more from your designated site.

2. ***Explain why your community didn't choose a site with existing, convenient access. Attach maps and drawings as necessary to explain your special situation***. Label as ATTACHMENT #IV-3

3. Estimate how much it will cost to make the required utility and/or road connections. Identify who provided the estimate and provide documentation. Label as ATTACHMENT #IV-4

4. ***Explain how you have obtained / will obtain the extra funding needed for the utility and/or road connections to the site. Include correspondence and other documentation.*** Label as ATTACHMENT #IV-5

C. Site Control

The Denali Commission requires proof that you have legal control of the site, by deed or a 30-year lease. Do you have legal control of the site for the clinic? ___ Yes ___ No

If YES, please provide a copy of the deed or lease (and any other site control documents). Do not send original documents. Label as ATTACHMENT #IV-6

If NO, please answer these questions:

1. ***If you don't have site control, when will you have it?***

2. ***What has to be done before site control is secured? Explain any problems with completing the process.***

Provide copies of any documents (i.e. letters of commitment from landowners or other documents) which demonstrate that site control will transfer to you. Be sure to indicate the date that you will assume site control. Label as ATTACHMENT #IV-6

D. Site Plan / Community Map

Provide a site plan and community map showing site location for the existing clinic and alternative new clinic sites. Label as ATTACHMENT #IV-7

The maps should illustrate the location of the clinic site and utilities in relation to the site, a site plan layout, and the position of the site in relation to airport, schools, offices, etc. For many communities, the maps prepared for all Alaska communities as part of the Department of Community and Regional Affairs Profile series are a useful basis for indicating location of the clinic or multi-use facility

3. PROJECT MANAGEMENT READINESS

A. Introduction

A well-organized project management plan that addresses both Design and Construction phase activities is essential for the successful completion of a project.

If your project has not progressed to the point where you can lay out a complete plan, you may submit your proposal without a complete plan. Simply include information known at the time of submission.

B. Plan, Permits & Regulatory Approval Documents

Include copies of all applicable plans, permits, and regulatory approvals that you have obtained. Label as ATTACHMENT #IV-8

C. Identification of Architect

Has an Architect/Engineer been selected to design the project? ___ Yes ___ No

What is the name of the Architect/Engineering company? _____

What is the name of the Architect/Engineer? _____

What construction standards will be followed? (i.e. Uniform Building Code)

D. Schedules and Timelines

Attach a copy of the schedule(s) and timelines for your planning, design and/or construction. Label as ATTACHMENT #IV-9

Are there any reasons for accelerating the project construction, or any obstacles that may delay the progress of the proposed project? ___ Yes ___ No

If YES, please explain:

E. Resumes of Key Project Management Team

Provide resumes for the proposed planning, design, and/or construction management team (project manager, superintendent, etc.), if available. Label as ATTACHMENT #IV-10

F. ANTHC Construction Option (Small Clinic and R&R projects only)

Indicate which type of ANTHC construction option you are planning to undertake. Refer to the "Overview" section of the RFP for more information on these options.

Construction Option	**Mark Your Selection Here**
Community-managed force account	☐
Community-managed competitive contract with strong local hire component	☐
Regional Health Corporation – managed force account	☐
Regional Health Corporation – managed contract with strong local hire component	☐
ANTHC-managed competitive contract with strong local hire component	☐
ANTHC Department of Environmental Health and Engineering – managed force account	☐
Combination of 2 or more options listed above. **Please describe.**	☐

4. CHECKLIST OF APPLICATION MATERIALS

Please note that all documents submitted will be retained by the Denali Commission and will not be returned to the applicant.

_____ Completed application Parts II, III and IV

_____ ATTACHMENT #IV-1 Business Plan or Approval document

_____ ATTACHMENT #IV-2 Site Plan Checklist or Approval document

_____ ATTACHMENT #IV-3 (If applicable) Maps showing Utility Access Issues

_____ ATTACHMENT #IV-4 (If applicable) Cost estimate for Utility/Road

_____ ATTACHMENT #IV-5 (If applicable) Source of Utility Funding

_____ ATTACHMENT #IV-6 Documentation of Site Control

_____ ATTACHMENT #IV-7 Site Plan / Community Map

_____ ATTACHMENT #IV-8 Plans, Permits and Regulatory Approval Documents

_____ ATTACHMENT #IV-9 Project Schedule/Timeline

_____ ATTACHMENT #IV-10 Project Management Team resumes

V. CONSTRUCTION APPLICATION *(TO BE COMPLETED BY CONSTRUCTION APPLICANTS)*

The intent of the Construction funding is for projects that are construction ready. Construction funding can be used for equipment and furnishing the primary care clinic as well.

1. DESIGN AND DRAWINGS

A. Stamped Design Drawings

Provide stamped design drawings (if available). Label as ATTACHMENT # V-1

If not available, what is the status of these drawings?

B. Non Clinic Portion of Multi-Use Projects

If your facility/campus is multi-use, provide the following information about the plans for the non-clinic portion of the building:

Do you have Architect & Engineering (A&E) stamped design drawings for the project?

____N/A ___ Yes ___ No

If yes, provide drawings and layout elevations. Label as ATTACHMENT #V-2

If no, what is the status of these drawings?

C. Permits & Regulatory Approval Documents

Include copies of all applicable permits and regulatory approvals that you have obtained. Label as ATTACHMENT #V-3

Discuss the status of any documents you have not yet obtained, including environmental and archaeological clearance.

2. PROJECT COST

At this point, you should have a final project cost estimate by a professional cost estimating firm.

Complete the Project Cost Worksheet. Attach a copy of the cost estimate used as a basis for this worksheet. Label as ATTACHMENT #V-4

Total Cost of your Project: $_____

Source of cost estimate:

3. APPLICANT COST SHARE – CALCULATION AND SOURCES

Each Applicant is required to fund a minimum % based upon the "distressed" status of the community. To find the status of your community, go to www.denali.gov , click on the "Health

Facilities" tab, click on the "Related Documents" tab, and then go to "Distressed Community Criteria and Surrogate Standard".

Cost Share Calculation

Line #	Description	Source	Amount
1	**Project Cost**	Question 2 above	$
2	**Community Status *** Circle the correct classification**	Distressed Community Criteria and Surrogate Standard***	Distressed Non-Distressed
3	**Maximum Percentage of Denali Commission Funding**	Distressed = 80% Non-Distressed = 50%	%
4	**MAXIMUM AMOUNT OF FUNDING FROM THE DENALI COMMISSION FOR THIS PROJECT**	Multiply Line (1) x Line (3)	$
5	**MINIMUM AMOUNT DUE FROM THE APPLICANT**	Line (1) minus Line (4)	$
6	**Cash to be provided by the Applicant (in the bank, loan approval, grant approval, etc)**		$
7	**Value of Donated Land**		$
8	**Value of Land Improvements**		$
9	**Value of A&E Professional Services paid by Applicant for this specific project site (not applicable for template or standardized design)**		
10	**TOTAL KNOWN FUNDING FROM THE APPLICANT**	Add Lines (6) + (7) + (8) + (9)	$
11	**Balance** - If the amount is greater than zero, project has identified adequate funding; **- If the amount is less than zero, project requires additional funding in this amount**	Line (10) minus Line (5)	$

4. CASH FUNDING SUMMARY

Identify the cost share amounts to be provided by you and by funding partners. Insert rows in the table if necessary.

Source:	Description	Amount	Status*
		$	
		$	
		$	

	TOTAL	$	

***Indicate "Status" by selecting one of the following options:**

(1) Funds have been secured and are in your bank account.

(2) Funds have not been received, but a funding agreement has been signed by all parties

(3) You have received written notification that funds have been approved.

Provide copies of supporting documentation (i.e. bank statements, copies of loan agreements, Notice of Grant Awards, written notification, etc.). Label as ATTACHMENT #V-5

5. CHECKLIST OF APPLICATION MATERIALS

Please note that all documents submitted will be retained by the Denali Commission and will not be returned to the applicant.

_____	Completed application	Parts II, III, IV and V
_____	ATTACHMENT #V-1	Stamped design drawings
_____	ATTACHMENT #V-2	Multi-Use Drawings
_____	ATTACHMENT #V-3	Permits & Regulatory Approval Documents
_____	ATTACHMENT #V-4	Final Cost Estimate
_____	ATTACHMENT #V-5	Documentation of cash to be used for cost share

6. PROJECT COST WORKSHEET

	Allowable under RFP Process? (yes/no)	Quantity	Unit Of Measure	Unit Cost	Non-Allowable Project Costs	Allowable Project Costs	Total Project Cost Qty x Unit Cost	Amount requested from the Denali Commission	Amount provided by the Applicant Cost Share
Architectural & engineering fees / Planning - (A&E fees do not require a cost share match)									
Conceptual Planning & Facility Studies	Yes			$					
Clinic Facility & Site Development Design – including multi-use facility	Yes			$					
Multi-use Facility Interior Design – non-clinic portion	No			$					
Subtotal (1)					$	$	$	$	$
Construction & Equipment – (Construction and equipment costs require cost share match)									
Clinic Construction – within sq ft recommendations	Yes		Sq. Ft.	$					
Clinic Construction – in excess of sq ft recommendations for small clinics	No		Sq. Ft.						
Clinic Furnishings and Equipment	Yes		N/A	$					
Land (if donated to the project, note the value of the land)	Yes		N/A	$					
Utility Extension/Improvements	Yes		N/A	$					
Road access, parking lot & site improvements	Yes		N/A	$					
Multi-Use Non-Clinic Construction	No		Sq. Ft.	$					
Multi-Use Non-Clinic Equipment	No		N/A	$					
Subtotal (2)					$	$	$	$	$
Project Management & Administration - (Not to exceed 20% total project cost)									
Direct Project Management	Yes (pro-rata basis)		N/A	$					
Indirect Costs	Yes (pro-rata basis)		N/A	$					
Subtotal (3)					$	$	$	$	$
Total Estimated Project Cost (1) + (2) + (3)					$	$	$	$	$

VI. REPAIR & RENOVATION APPLICATION *(TO BE COMPLETED BY REPAIR AND RENOVATION APPLICANTS)*

All Repair and Renovation applicants must complete this section.

Those applications with a total cost greater than $100,000 must also complete a Business Plan and a Site Plan Checklist in addition to this application.

For projects with a total cost below $100,000, an operational budget and any other documentation which demonstrates sustainability are required.

- The maximum amount of funding for this grant is $150,000 of which $25,000 can be used for design costs. Projects are not limited in their total cost. However, the Commission will only contribute up to $150,000 to the project.
- Cost share is required for "Repair or Renovation" projects.
- The projects must be completed within 12 months of Notification of Award by the Commission.

1. CLINIC OWNERSHIP

Indicate the status of the clinic and site ownership that describes your situation:

_____ You own the clinic facility and the site

_____ You own the clinic facility and lease the site

_____ You lease the clinic facility and lease the site

_____ Other: (please explain) _____

Attach documentation of site control (deed or 30-year lease) as ATTACHMENT #VI-1

2. TYPE OF IMPROVEMENTS

Indicate which type of facility improvement you are planning to undertake:

_____ Expansion of existing clinic

_____ Repair of existing clinic

_____ Purchase of non-expendable medical equipment with limited structural improvements to support the equipment installation.

Comments:

3. CURRENT FACILITY CONDITION

If a Code and Conditions survey has been completed for your facility, copy the "Executive Summary" and the "Conclusions and Recommendations" sections and label as ATTACHMENT #VI-2

If a Code and Conditions survey was NOT done for your facility, describe your current facility—its condition, adequacy, suitability for continued use, and other pertinent information. Include third-party documentation if available. Photos are useful. Label as ATTACHMENT #VI-3

A. Utilities

Is your clinic served with piped water and sewer? ___ Yes ___ No

If NO, is the clinic served with a flush-n-haul system? ___ Yes ___ No

If the clinic is not served with piped water and sewer or flush-n-haul, explain why:

4. PROJECT COST

You should work with your Regional Health Corporation Engineer, ANTHC Engineer or a private Architectural & Engineering firm to develop this estimate. Attach a copy of their cost estimate.

Estimated Total Cost of your Project: $ _____

Source of estimate:

5. APPLICANT COST SHARE – CALCULATION AND SOURCES

Each Applicant is required to fund a minimum % based upon the "distressed" status of the community. To find the status of your community, go to www.denali.gov , click on the "Health Facilities" tab, click on the "Related Documents" tab, and then go to "Distressed Community Criteria and Surrogate Standard".

Cost Share Calculation

Line #	Description	Source	Amount
1	**Estimated Project Cost**	Question "4" above	$
2	**Community Status *** Circle the correct classification**	Distressed Community Criteria and Surrogate Standard***	Distressed Non-Distressed
3	**Maximum Percentage of Denali Commission Funding**	Distressed = 80% Non-Distressed = 50%	%
4		Multiply Line (1) x Line (3)	$
5	**Maximum amount funded for Repair and Renovation projects**		$ 150,000
6	**MAXIMUM AMOUNT OF FUNDING FROM THE DENALI COMMISSION FOR THIS PROJECT**	Lower of line 4 or Line 5	
7	**MINIMUM AMOUNT DUE FROM THE APPLICANT**	Line (1) minus Line (6)	$
8	**Cash to be provided by the Applicant (in the bank, loan approval, grant approval, etc)**		$
9	**Value of Donated Land (only for land purchased for expansion)**		$
10	**Value of Land Improvements**		$

11	**TOTAL KNOWN FUNDING FROM THE APPLICANT**	Add Lines (6) + (7) + (8)	$
12	**Balance** - If the amount is greater than zero, project has identified adequate funding; **- If the amount is less than zero, project requires additional funding in this amount**	Line (11) minus Line (7)	$

6. CASH FUNDING SUMMARY

Identify the cost share amounts to be provided by you and by funding partners. Insert rows in the table if necessary.

Source:	Description	Amount	Status*
		$	
		$	
		$	
	TOTAL	$	

***Indicate "Status" by selecting one of the following options:**

(1) Funds have been secured and are in your bank account.
(2) Funds have not been received, but a funding agreement has been signed and executed.
(3) You have received written notification that funds have been approved.
(4) You have applied for funds and are waiting for funding approval.
(5) You are in the process of applying for funds
(6) You have not yet applied for additional funding.

Provide copies of supporting documentation (i.e. copies of agreements, written notification, etc.). Label as ATTACHMENT #VI-4

7. CHECKLIST OF APPLICATION MATERIALS

Please note that all documents submitted will be retained by the Denali Commission and will not be returned to the applicant.

_____ Completed application Parts II, III and VI

_____ Business Plan and Site Plan Checklist (if total project cost is greater than $100,000)

_____ ATTACHMENT VI-1 Site Control Documents

_____ ATTACHMENT VI-2 Code and Conditions Survey

_____ ATTACHMENT VI-3 Photos - optional (no more than 10)

_____ ATTACHMENT VI-4 Documents verifying cost share